

PLACE OF BIRTH

County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186
 Co. Register No. 591
 Local Registrar's No. _____

FULL NAME OF CHILD Natalie Charlotte Marie Adams { Born { Yes
 If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive { NO

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Nov. 16</u> 192 <u>1</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Clarence Walter Adams</u>			Full Maiden Name <u>Marie Genevieve Rogers</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u> Age at last Birthday <u>35</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years)		
Birthplace <u>Illinois</u>			Birthplace <u>Iowa</u>		
Occupation <u>Physician</u>			Occupation <u>Housewife</u>		

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov. 16 1921, at 12:30 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Alvin J. Smith
 (Attending physician, midwife, householder.)*

Given or Christian name added from a

Address Globe

supplemental report _____ 192 _____

Filed Nov 20 1921

D. S. J. O'X
 LOCAL REGISTRAR.

512-1116-492
 COUNTY REGISTRAR.

Filed Dec 6 1921 A True Copy

D. S. J. O'X
 COUNTY REGISTRAR.

within 5 days after birth.